

chest so long, there was not sufficient room for them in the abdominal cavity.

An attempt was made to relieve the great strain on the sutures by packing in some antiseptic gauze and closing the external wound around it, but without avail.

Death occurred rather suddenly six hours after the operation, at the very time that he appeared to be doing well.

At the autopsy the edges of the wound in the diaphragm were found somewhat separated, and in all probability the sutures would have cut completely through in twenty-four hours had the patient lived so long. —*Archives of Pediatrics*, December, 1889.

III. Laparotomy in Tubercular Peritonitis. By PROF. H. LOEHLEIN (Giessen). The writer says that most of the cases reported have occurred in women and have, for the greater part, been diagnosed as abdominal tumors. The important point of how often, in the female, tubercular peritonitis is a primary disease, and how often it is secondary to tuberculosis of the genital tract is as yet far from settled. Of the six cases which Löhlein has seen, in only two could the uterine appendages be said to have been the starting point of the trouble.

Two of the writer's cases occurred in ante-bacteriological time.

No. 1. Woman, æt. 28 years, with an encapsulated collection of fluid and numerous tubercles of the peritoneum, was operated on in Martin's clinic in 1874 for what was diagnosed at the time as an ovarian cyst. The same for the second case.

In the first case the patient recovered perfectly from the operation, and remained in perfect health for several years. The second case, which occurred in 1880, was in a woman, æt. 40 years. The disease began, undoubtedly, in the uterine appendages. After several months of perfect health the ascites returned, and the patient died fifteen months after the operation with all the symptoms of tubercular enteritis. The other four cases seen by Löhlein occurred within the past two years.

In Case No. 3, Hofmeier made an exploratory laparotomy in a woman, æt. 43 years, on account of ascites and an irregular, hard

swelling in Douglas' pouch, his diagnosis being malignant affection of the peritoneum. He found tubercles of varying size all over the peritoneum, and both tubes completely enveloped by these masses. Bacilli were found in some of the excised tubercles. Four weeks after the operation the ascites returned, and in two months it was as marked as before.

Case 4. Woman, æt. 23 years, twice pregnant, abdominal tumor of six months' growth, resembling a cyst with loose walls. Laparotomy July 27, 1888. Tubercular eruption on peritoneum, most marked in Douglas' pouch; examination of the removed viscus showed bacilli. She did well after the operation, and in December no ascites could be made out, though there was an exudation of serum through one of the suture canals. In March, 1889, she returned with marked ascites. Lungs perfectly well. Laparotomy was again undertaken, and an excised piece of the thickened peritoneum showed histological tubercles but no bacilli. A marked deposit of tubercles existed around the tubes and ovaries. The patient was discharged on April 14, and at the end of May the patient feels well, but the ascites is returning, notwithstanding a copious exudation of serum through the suture points.

Cases 5 and 6, both young girls, æt. 15 and 17 years, neither having a family history of tuberculosis. Lungs in both apparently perfectly healthy. Both came to the clinic on account of the rapid growth and distention of the abdomen. In case No. 5 the intestines are matted together and drawn toward the spinal column and the sharply encysted fluid spoke in favor of ovarian tumor. The case is interesting on account of the severe fever which followed the operation, though the most rigorous antiseptic precautions had been observed in evacuating the ascitic fluid. Symptoms of suppurative peritonitis soon followed the operation and these were complicated by pleuritic trouble. The wound was several times enlarged, drained and washed out, but some remittent febrile symptoms have remained, together with a slight discharge of pus from the lower angle of the wound.

The histological structure of some of the removed pieces of peritoneum was that of tubercle, but no bacilli were found.

In the 6th case the parietal visceral peritoneum was thickly covered with kernels of varying size, and the mesentery was drawn up in a hard ball, and the intestines were drawn toward the right hypochondrium. After the removal of $2\frac{1}{2}$ litres of greenish fluid the circumference of the abdomen was hardly diminished. The wound healed perfectly, and the patient is yet in the hospital.—*Deutsche Med. Wochen.*, No. 32, 1889.

F. C. HUSON (New York).

IV. Contributions to the Surgery of the Liver. By DR. C. GARRE (Tübingen). This is practically the description and discussion of four operated cases. Hesitation in operating on the liver has been due not simply to the danger of sepsis but also to the fear of hæmorrhage and intraperitoneal effusion of gall. Edler (*v. ANNALS*, November, 1887) has shown that traumatic injuries of this organ are not so fatal as commonly supposed.

I. *Extirpation of an Echinococcus of the Liver by Resection of a Portion of the Right Lobe.* This patient was an otherwise healthy woman. æt. 44 years. Of the abdominal tumor it could only be made out with certainty that it was not connected with the genital organs. Exploratory laparotomy. The tumor was found to be attached to the quadrate lobe of the liver by a thin hand-wide pedicle. Otherwise there was only a slight adhesion to the omentum. The pedicle was doubly tied in several portions and touched with the thermocautery at the thickest part. The ligatures (of silk) frequently tore the tender liver-tissue; the resulting hæmorrhage was controlled by compression with sponges. Thus there was left a gaping liver wound 10 or 12 by 3 cm. in size. This was disinfected further with sublimated sponges and the abdominal wound closed. The tumor proved to be a living echinococcus covered by a thin though variable layer of liver-parenchyma. Further course uninterrupted was allowed to get up at the end of 2 weeks, and was discharged 5 days later.

An exactly similar operation Garré was unable to find recorded, still it was only going a step further than in the method of late introduced by the French school (Terrier and others).